STATEMENT OF

FORM 1		ORGANIZATION (See instructions)				Office use only				
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Examp over th	ble: If typying, typ ne lines	e 1	2FE4M				
CityPAC			ш							Ш
		DO Boy 754	ш							لب
ADDRESS (number a	nd street)	PO Box 754	шш					Ш		
(Check if addre X is changed)	ess .	Chicago				<u>"</u>		60690	 	
			CITY		S	ΓΑΤΕ▲		ZIP CC	DE 📥	
COMMITTEE'S E-M	IAIL ADDRESS	G (Please provide only one e-m	nail addres	s)						
(Check if address is changed)	ess	treasurer@citypac.or	g 							
	I									
COMMITTEE'S WE	B PAGE ADDE	RESS (LIBL)								
(Check if address	,	www.citypac.org								
is changed)	-55 									
								1 1 1 1		
2. DATE MO	7 / D 28	2 0 0 9								
3. FEC IDENTIFIC	CATION NUMB	SER (C C001	87526						
4. IS THIS STATE	EMENT	NEW (N) OR	X	AMENDED (A)					
I certify that I have exa	mined this State	ment and to the best of my know	vledge and	belief it is true, cor	rect and co	omplete				
		David Epstein								
Type or Print Name	of Treasurer	Buvia Epstern								
Signature of Treasur	rer El <u>ectroni</u>	cally Filed by David Epst	tein		_ Da	te (7 /	28	Ž O	0 9
NOTE: Submission of		, or incomplete information may	-					f 2 U.S.C. §4	137g.	
Office Use Only			F	For further inform Federal Election Co Foll Free 800-424-	ommission 9530	act:	ı	FEC FO		